

AWS ADOPTION APPLICATION

**ANIMAL WELFARE SOCIETY, INC.
8 DODD ROAD, NEW MILFORD CT 06776**

**Tel. 860-354-1350
web: <http://aws-shelter.org>**

PLEASE PRINT LEGIBLY

REQUIRES ADOBE ACROBAT READER

DATE:

A. CONTACT INFORMATION

Full Name:

Street Address:

City, State Zip:

Daytime Phone:

Check if best time to call

Evening Phone:

Check if best time to call

Email Address:

B. ADOPTION INFORMATION

Indicate your preference regarding the pet you are looking to adopt.

Type:	Dog Puppy	Cat Kitten	Other
Gender:	Male	Female	No Preference
Age:	Baby Young	Adult/Mature	No Preference
Size:	Small Medium	Large X-Large	No Preference

Breed/Type You Are Looking For

If you are interested in specific breed(s), type(s) of a pet (long-haired, short-haired, certain colors, etc.) - please tell us as much as you can. Or, choose [] No Preference.

EXPERIENCE/HISTORY WITH PETS

If you are interested in adopting a cat, what would you do with a cat that was scratching your furniture or carpet?

If you are interested in adopting a dog, what kind of activity level would you be looking for in a dog?

If you are interested in adopting a dog, what kind of training would you plan to give your dog? Would you consider using the services of a professional trainer?

1. Is this your first experience with a pet? Yes No

2. Do you own any pets at the present time? Yes No
If "Yes" – please list information below.

Pet Name	Breed/Species	Age	Altered		Declawed	
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N

3. Who is your current veterinarian?
What name would the records be under?

4. How many dogs and cats have you owned in the last 5 years? Dogs Cats

5. What happened to those pets?
Be specific - include names, species, breed, ages, were they altered and what veterinarian used.

HOME AND BOARDING

1. Do you currently live in a: House Apartment Mobile Home Duplex Condo
2. So you currently: Own Rent Live with Parents
 Live With Roommates Other (Explain below)
3. Does your lease allow for pets? Yes No Unsure
 Will you be able to provide written consent? Yes No
4. If you rent: Landlord’s Name
 Telephone
5. How long have you lived at current address?
6. Do you have any plans of moving in the near future? Yes No
 If “Yes” – what will you do with your pet?
7. Do you have a private yard? Yes No
 If so, Is it fenced in? Yes No
 Fence Height: Type of Fencing:
8. How do you plan to exercise your dog?
9. How many people live in household?
 Does anyone have allergies? Yes No
10. Do all adults in the household know you plan to adopt? Yes No
11. If there are children in the household, what are their ages?
12. If children visit your household, what are their ages?

13. In a typical day, how many hours will the animal be home alone?

What arrangements have been made for when the animal is home alone?

14. Where will your pet be kept? Daytime

Evenings

15. Why would you return an animal to the shelter?

16. Are you willing and able to accept full and immediate responsibility for the ownership of a pet, including all health care costs and necessary obligations of caring for this animal?

Yes

No

I hereby affirm that I have answered the above questions completely and truthfully. I give Animal Welfare Society permission to obtain veterinary records and to follow up on references cited in this application.

Sign Here:

SAVE FORM

SAVE FORM FOR YOUR PERSONAL RECORDS
EMAIL FILE TO AWS AS AN ATTACHMENT

RESET FORM

CLEARs FORM

PRINT FORM

TO RETURN TO ANIMAL WELFARE SOCIETY (AWS)
DROP OFF OR USPS

AWS OFFICE USE

AWS Representative:

Additional Notes or Comments: